

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: Calvert
 County.....
 City or town..... Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 days
 Hospital, institution, or street address where death occurred:
Calvert County Hospital, Prince Frederick
Md.
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... County.....
 City or town..... Washington, D.C.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 904 Shepherd St., N.W.
 (If rural, give LOCATION) ✓

3. (a) FULL NAME Elsie Jean Boyd

3. (b) Social Security Number 7

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced THREE
 6. (b) Name of husband or wife Leo Madison Boyd
 6. (c) If alive, give age 38 years
 7. Birth date of deceased (mo., day, yr.) May 16, 1909
 8. AGE: Years 38 yrs. Months 11 Days 20 If less than one day
hrs. min.

9. Birthplace Pennsylvania
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business None

MOTHER FATHER
 12. Name ?
 13. Birthplace ?
 14. Maiden name Nellie Starkey
 15. Birthplace ?

16. Informant Hospital Records
 Address Prince Frederick, Md.

17. Burial Date thereof May 10, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Edge Hill Cemetery
 Location Jefferson Co., W. Va.

18. Funeral director O. A. Harkness & Son
 Address Intertal, Ind.

19. 5-8 19 48 H. W. Wark
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 48 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19..... to..... 19.....
 and that I last saw him..... alive on..... 19.....

Immediate cause of death Cerebral Thrombosis

Due to Accident

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide suicide Date of 5-6-48
 Where did injury occur? in room Cal. Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Public
 Means of injury Auto accident Injured at work?

23. SIGNATURE [Signature] M. D. or other
 Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04815

Reg. Dist. No. 50

1. PLACE OF DEATH:

County CalvertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) if veteran, name war no

3. (a) FULL NAME

Marie C. Brocato

3. (b) Social Security Number

no

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife

Charles Brocato6.(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.)

June 22, 1900

8. AGE:

Years

Months

Days

If less than one day

47113

hrs.

min.

9. Birthplace

Baltimore, Md
(Town, county, and state)

10. Usual occupation

Home

11. Industry or business

MOTHER FATHER

12. Name

? Bailey

13. Birthplace

Baltimore, Md

14. Maiden name

?

15. Birthplace

?

16. Informant

Charles Brocato

Address

Solomons, Md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

May 28, 1948
(month) (day) (year)

Cemetery or crematory

Baltimore Cemetery

Location

Baltimore, Md

18. Funeral director

G. A. Harkness & Son

Address

Mutual, Md

19.

May 26 48
(Date rec'd by registrar)A. E. S. Coster
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1948 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... 19... 19...
and that I last saw him/her alive on May 25 19... 19... 19...

Immediate cause of death

DURATION

acute Cardiac Dilatation - 1 hr.

Due to

chronic myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. S. Coster, M.D.

M. D. or other

Address Solomons, Md Date signed 5/26/48

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

04816

1. PLACE OF DEATH:

County Calvert
 City or town Huntingtown, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Calvert
 City or town Huntingtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Helen T. Colton

3. (b) Social Security Number

70

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Frank Colton

7. Birth date of deceased (mo., day, yr.)

Oct. 24, 1855

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

72629

hrs.

min.

9. Birthplace

Ohio

(Town, county, and state)

10. Usual occupation

Home

11. Industry or business

FATHER
MOTHER

12. Name

D. J. Van Derwerker

13. Birthplace

New York

14. Maiden name

Emily A. Cheaney

15. Birthplace

Boston Mass.

16. Informant

Address

John SeitchHuntingtown, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

May 25, 1948

Cemetery or crematory

All Saints

Location

Huntingtown, Md

18. Funeral director

Address

A. A. Harkness & SonMutual, Md

19.

(Date rec'd by registrar)

5-27-48H. W. Elara

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Arteriosclerosis of the heart

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Date signed 5/28

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 53

1. PLACE OF DEATH:

County CalvertCity or town Huntingtown, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

H. Warren Crawford4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Mamie Pratt7. Birth date of deceased (mo., day, yr.) 27 July 1868 6. (c) If alive, give age 21 years8. AGE: Years 29 Months 00 Days 00 If less than one day 00 hrs. 00 min.9. Birthplace Md
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farm12. Name Franklin Crawford13. Birthplace Md14. Maiden name Elyse Wigburn15. Birthplace Md16. Informant Mrs. Clarence PlummerAddress Lower Marlboro Md17. Burial Date thereof 6 3 48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Calvary Cem.Location Huntingtown, Md18. Funeral director W. H. HutchinsAddress Owings, Md19. May 31 19 48 Grace L. Hutchins
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CalvertCity or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 19 48 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 - 8 19 47 to 5/31 19 48and that I last saw him alive on 5/31 19 48Immediate cause of death Carcinoma prostate DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town)

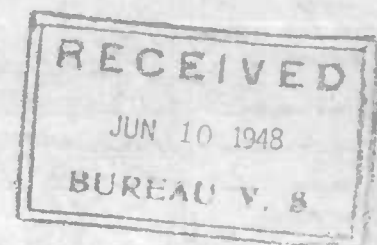
(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or otherAddress Huntingtown Date signed 5/31/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159

04818

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Broomes Island
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby Boy Dove

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

May 27, 1948

8. AGE:

Years

Months

Days

If less than one day

4 hrs.45 min.9. Birthplace Prince Frederick, Md. Calvert County
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name

Marcellus Carlyle Dove

13. Birthplace

Broomes Island, Md.

MOTHER

14. Maiden name

Eleanor Elliott

15. Birthplace

Broomes Island

16. Informant

Eleanor Dove

Address

Broomes Island, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

BurialMay 29, 1948

Cemetery or crematory

Broomes Island

Location

Broomes Island, Md.

18. Funeral director

Robert Harkness

Address

Mutual, Md.

19.

(Date rec'd by registrar)

19

48H. W. Edwards

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948 at 4 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19

to

19

and that I last saw him _____ alive on _____ 19

Immediate cause of death

Craniotomy
Wght 2 lbs. 13 oz

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____

Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Page Pratt
Frank Redman

M. D. or other _____

Address _____

Date signed 5/2

RECEIVED

JUN 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04814

1. PLACE OF DEATH:

County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 hr.
Hospital, Institution, or street address where death occurred:
Calvert County Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Calvert
City or town Adelina
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Harriet Ellen
HATTIE GRAY

3. (b) Social Security Number

4. Sex F. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife John Gray
6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 19, 1888

8. AGE: Years 59 Months 90 Days 20 if less than one day _____ hrs. _____ min.

9. Birthplace Adelina, Calvert County, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business _____

12. Name Nathaniel Johnson

13. Birthplace Calvert County, Md.

14. Maiden name Annie Butler

15. Birthplace St. Mary's County, Md.

16. Informant Mary Neely (Sister)

Address 628 Mosher St. Baltimore, Md.

17. Burial Date thereof 5-2-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Carroll's

Location Baltimore, Md.

18. Funeral director J. E. Sewell

Address Pr. Fred.

19. 5-4 48 N. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 48, at AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Thurs. Apr. 29 19 48, to May 3 19 48

and that I last saw her alive on May 1st 19 _____

Immediate cause of death Toxemia

Due to Intestinal Obstruction 2 wks

Pneumonia

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE Harry Robert Brashear Jr.

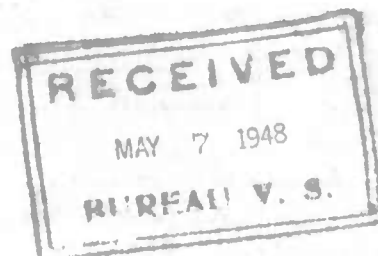
Pr. Fred. M. D. or other _____

Address _____ Date signed May 2/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

161c

04820

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Prince Frederick Paratur
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

MARY LOUISE Baby Harris

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

May 15, 1948

8. AGE:

Years

Months

Days

If less than one day

1 1/2

hrs.

min.

9. Birthplace Prince Frederick, Calvert Co. Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name Josephus Harris13. Birthplace Calvert County, Md

MOTHER

14. Maiden name Sadie Graham15. Birthplace Calvert County, Md.16. Informant Sadie HarrisAddress Barstow, Md.17. Burial
(Burial, cremation, or removal. Which?)

Date thereof

5-17, 48
(month) (day) (year)Cemetery or crematory CarrollsLocation Calvert18. Funeral director P.E. SewellAddress Prince Frederick19. 5-17 19 48
(Date rec'd by registrar)H. W. Ward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 19 48, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 May 16 19 48and that I last saw him alive on May 16 19 48Immediate cause of death Tuberculosis

DURATION

Due to Bleeding from cordDue to Patent omphalo-mesenteric
ductOther conditions melena

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. S. Sallan

M. D. or other

Address St. Leonard Date signed 5/16

RECEIVED
MAY 20 1913
BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

04821

1. PLACE OF DEATH:

County Prince GeorgesCity or town Calverton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Oscar Jones

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Elizabeth Jones

7. Birth date of

deceased (mo., day, yr.)

Sept, 16 1897

8. AGE:

Years

Months

Days

If less than one day

50

hrs.

min.

9. Birthplace

Wash D.C.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 5/16

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

5/161948, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18

to

19

and that I last saw him alive on

19

Immediate cause of death

Tuberculosis
(Tuberculosis)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

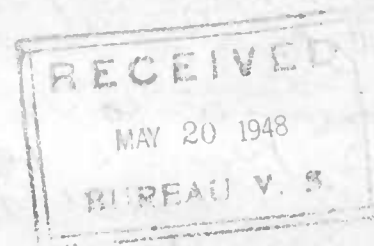
Injured at work?

23. SIGNATURE

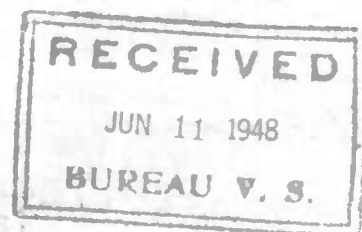
M. D. or other

Address

Date signed



1948
88
898



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County CabaretCity or town Sunderland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Hugh Pembroke4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb - 1879 8. (c) If alive, give age years8. AGE: Years 69 Months 3 Days 3 If less than one day

hrs. min.

9. Birthplace Friendship Md.
(Town, county, and state)10. Usual occupation Artist

11. Industry or business

12. Name Dr. Geo W. Pembroke13. Birthplace St. Marys City Md14. Maiden name Mary Gardner15. Birthplace St. Marys City16. Informant Josephine BlakeAddress Sunderland Md17. Burial Date thereof 5 27 48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St James Cem.Location W. H. Hutchins, Md.18. Funeral director W. H. HutchinsAddress Owings, Md19. May 25 19 48 Grace L. Hutchins
(Date reg'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Lancaster Co. Pa.City or town Sunderland Fair Haven
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 May 19 48, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Medical Exam reportImmediate cause of death Cerebral accidentDue to Hyperextension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

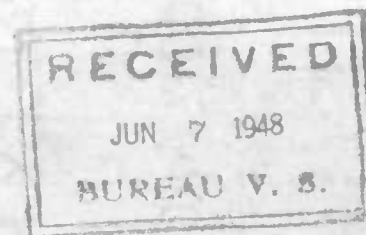
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Hutchins M. D. or otherAddress active Md. Exam Date signed 5/24/48

1948-5-24
P4-3
1849-2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Roger W. Sutton

3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Thelma Sutton6.(c) If alive, give age 3d years7. Birth date of deceased (mo., day, yr.) May 20, 19128. AGE: Years 35 Months 11 Days 4 If less than one day _____ hrs. _____ min.9. Birthplace Calvert, Md.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Fillmore Brooks13. Birthplace Md14. Maiden name Sarah Sutton15. Birthplace Md.16. Informant Thelma SuttonAddress Lusby, Md.17. Burial Date thereof 5-6-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Easton ChapelLocation Lusby, Md18. Funeral director P. E. SewellAddress Prince Frederick, Md19. 55 19 48 H. W. Ware
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-48 19 48 at 10:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 19 48and that I last saw him alive on May 4, 1948 19 48

Immediate cause of death

Due to Heart failure -- initial infarctionDue to Rheumatic feverOther conditions -

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. E. Sewell M. D. or otherAddress St. Leonard Date signed May 4, 48

RECEIVED

MAY 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04825

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
City or town Sewell
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Calvert
City or town Sewell
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Blaisy Ferguson

3. (b) Social Security Number

4. Sex 7 5. Color or race C 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 1911 6. (c) If alive, give age _____ years

8. AGE: Years 37 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business _____

12. Name ?
13. Birthplace _____

14. Maiden name Minnie Haine
15. Birthplace md

16. Informant Bessie Wilmore
Address 216 Emory St., Balto., Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 8-2-48
(month) (day) (year)

Cemetery or crematory St. Johns
Location Calvert

18. Funeral director P. E. Sewell
Address Pr. Fred, Md.

19. 5-30 48 N. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 48 at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____ and that I last saw him _____ alive on _____

Immediate cause of death Burned to a clean
Home burning

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 5-30-48
Where did injury occur? Sewell Calvert Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home
Means of injury House burned Injured at work? no

23. SIGNATURE [Signature] M. D. or other _____
Address [Signature] Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1948
BUREAU V. S.

RECEIVED
JUN 4 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

04826

146C

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Delphine Thompson

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Peter Thompson6.(c) If alive, give age 34 years

7. Birth date of

deceased (mo., day, yr.) March 31, 1916

8. AGE:

Years

Months

Days

If less than one day

32

hrs.

min.

9. Birthplace

Calvert County, Md.
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

12. Name George Johnson

13. Birthplace

Calvert County, Md.

14. Maiden name

Pearl Brooks

15. Birthplace

Calvert County, Md.

16. Informant

Delphine Thompson

Address

Lusby, Md.17. Burial

(Burial, cremation, or removal) Which?

Date thereof

May 23/48
(month) (day) (year)

Cemetery or crematory

St Johns

Location

Lusby, Md.

18. Funeral director

Phineas Sewell

Address

Prince Frederick, Md.19. 5-20-48

(Date rec'd by registrar)

H. W. Edward

Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 19 48 at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 48 to May 20 19 48and that I last saw him alive on 19 48

Immediate cause of death

Hemorrhage

DURATION

Due to

Retention of placenta

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Villars
St Herman

M. D. or other

Date signed 5/20/48

RECEIVED
MAY 25 1948
BUREAU V. S.